



BIG BEAR FIRE DEPARTMENT

Luke Wagner, Fire Chief

Administration – P. O. Box 2830, 41090 Big Bear Boulevard
Big Bear Lake, CA 92315-2830
Business 909/866-7566 • Fax 909/866-8288

Explorer Application Checklist

(All items below must be included when you turn in your application.)

- Completed Explorer Application
- Copy of most recent GPA
- Physical Form – completed and signed by Physician
- Copy of Parents Driver's License
- Copy of Student ID and/or Driver's License

Please keep & review:

- Explorer Agility Test Guideline
- Explorer Written Test Study Guide
- BBFA Fire Explorer Post 232 Expectations

Application Deadline: _____

Please return completed application to station 281. After your completed application packet is received, you will be contacted by BBFD to schedule an interview. Any applications received missing copies of documents listed above will not be invited to participate in the process.



Big Bear Fire Department
41090 Big Bear Boulevard P.O. Box 2830
Big Bear Lake, CA 92315
909-866-7566

Explorer Application
Post 232

Full Name _____ Date of Birth _____

Street Address: _____
Street City State Zip code

Mailing Address: _____
P.O. Box City State Zip Code

Name of Current School _____ GPA _____

Please explain why you would like to become an explorer: _____

Will you have reliable transportation to and from the monthly meetings? Yes No

I, _____ Have read and understand the Big Bear Fire Authority Explorer Expectations addressed in The Post 232 Expectations Handout and agree to the document.

Legal Guardian Signature

Date

I, _____ Have read and understand the Big Bear Fire Authority Explorer Expectations addressed in The Post 232 Expectations Handout and agree to the document.

Applicant Signature

Date



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F or M): _____

List past and current medical conditions.

Have you ever had surgery? If yes, list all past surgical procedures.

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

| GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.) | | | Yes | No |
|--|--|--|-----|----|
| 1. Do you have any concerns that you would like to discuss with your provider? | | | | |
| 2. Has a provider ever denied or restricted your participation in sports for any reason? | | | | |
| 3. Do you have any ongoing medical issues or recent illness? | | | | |
| HEART HEALTH QUESTIONS ABOUT YOU | | | Yes | No |
| 4. Have you ever passed out or nearly passed out during or after exercise? | | | | |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | | |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? | | | | |
| 7. Has a doctor ever told you that you have any heart problems? | | | | |
| 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. | | | | |

| HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED) | | | | Yes | No |
|---|--|--|--------|-----|----|
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise? | | | | | |
| 10. Have you ever had a seizure? | | | | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | | | Unsure | Yes | No |
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? | | | | | |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? | | | | | |
| 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? | | | | | |



PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

| EXAMINATION | | |
|---|---------|--|
| Height: | Weight: | |
| BP: / (/) | Pulse: | Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS |
| Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) | | |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing | | |
| Lymph nodes | | |
| Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) | | |
| Lungs | | |
| Abdomen | | |
| Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis | | |
| Neurological | | |
| MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS |
| Neck | | |
| Back | | |
| Shoulder and arm | | |
| Elbow and forearm | | |
| Wrist, hand, and fingers | | |
| Hip and thigh | | |
| Knee | | |
| Leg and ankle | | |
| Foot and toes | | |
| Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test | | |

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA



MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

Medically eligible without restriction

Not medically eligible for participation

Not medically eligible pending further evaluation

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The student does not have apparent clinical contraindications and participate in the explorer program as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to BBFD at the request of the parents. If conditions arise after the student has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the student (and parents or guardians).

Name of health care professional (print or type): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



Big Bear Fire Department Fire Explorer Expectations Post 232

- **HAVE FUN**
 - **BE ON TIME TO MEETINGS AND EVENTS**
 - Meetings start at **1900** and end at approximately **2100**
 - Meetings are held on the **2nd** and **4th** Wednesday of each month
 - Be mentally ready to work and get involved.
 - You must notify your appropriate Post Supervisor no less than 1 hour before the start of an event if you are going to be late or absent.
 - **ARRIVE AT MEETINGS READY FOR INSPECTION**
 - Uniform pressed and clean
 - Boots polished
 - Gig-line straight
 - Black or blue pen and a small, pocket-sized notepad
 - Hair neat and in compliance with our grooming standards
 - Clean-shaven
 - **UNIFORMS MUST BE CLEAN AND PRESSED FOR ALL MEETINGS AND EVENTS**
 - **EXPLORERS ARE EXPECTED TO ATTEND A MINIMUM OF 70% OF THE MEETINGS, FUNCTIONS AND EVENTS HELD THROUGHOUT THE YEAR.**
 - Some functions may be short notice
 - **BEHAVIOR EXPECTATIONS:**
 - Explorers are representatives of the Big Bear Fire Department and the community whether in uniform or during everyday life
 - Maintain the honor and privilege of being an Explorer at all times
 - Respect everyone
 - Observe the Chain of Command
 - Always address people with yes/no Sir/Ma'am, or appropriate title (e.g. Captain) when speaking to a person of rank or an advisor
 - **EXAMPLES OF INNAPPROPRIATE BEHAVIOR**
 - Cursing
 - Talking Back
 - Tardiness
- Any of these actions are subject to punishment as deemed by the Chain of Command
- **MAINTAIN A 2.5 GRADE POINT AVERAGE**
 - We reserve the right to do random grade checks

- **STUDY THE INFORMATION GIVEN TO YOU BY INSTRUCTORS AND BE PREPARED FOR UPCOMING MEETINGS**
 - **MAKE SCHOOL AND FAMILY YOUR PRIORITY**
 - This includes sports and school functions
 - **EXPLORERS ARE EXPECTED TO MOVE FORWARD IN THEIR EXPLORER CAREERS**
 - **Those not moving forward in their Explorer career and not taking advantage of the Ride-Along program (once qualified) may be asked to retire from the post and make room for those on the waiting list.**
 - **BE SAFE AND WATCH OUT FOR THE SAFETY OF OTHERS. REMEMBER, EVERYONE IS A SAFETY OFFICER**
 - **HAVE A POSITIVE ATTITUDE**
-

BBFD Expectations

Signing below means that you acknowledge and have a clear understanding of all the expectations addressed in the BBFD Expectations (2025) document.

X

Explorer Applicant

X

Explorer Applicant Legal Gaurdian

DATE_____



Big Bear Fire Department Applicant Written Test Study Guide Post 232

The following topics will be part of a written test as part of the interview process for the Big Bear Fire Department Explorer program. Please use Bigbearfire.org and a search engine as BBFD staff cannot provide you with the answers.

1. What is serviceable square mileage covered by the Big Bear Fire Department in Big Bear Valley?

2. How many stations are managed and staffed year-round by the Big Bear Fire Department and what are the station numbers?

3. The position titles utilized and the order in which they are ranked within BBFD.
 - a. Fire Chief
 - b. Captain
 - c. Engineer
 - d. Battalion Chief
 - e. Firefighter
 - f. Assistant Chief

4. What does NFPA stand for?

5. What does HAZMAT stand for?



BIG BEAR FIRE DEPARTMENT
P.O. Box 10000
41090 Big Bear Blvd.
Big Bear Lake, CA 92315
(909) 866-7566

Fire Explorer Physical Agility Test

Name: _____

Age: _____

1. 100' 2 ½ " hose drag 100' and hand jack past cone
2. Carry chain saw and rotary saw 40' around cone
3. Carry bundle on shoulder to 3rd floor of tower
4. Hoist hose roll up to the 3rd floor of tower
5. Dummy drag 15' past a cone
6. 15 push ups
7. Run past a designated finish line

Overall Performance: Poor___ Fair___ Good___ Excellent___

Total Time: _____